GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:279
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COMBATING DISEASES
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there had been a number of cases of T.B., Malaria, Kala-Azar, etc., in different parts of the country during 2005-2006 particularly in West Bengal;

(b) if so, the details thereof and the reasons therefor;

(c) whether the Government has taken steps to spray DDT in endemic rural/urban areas in the country particularly in West Bengal and Delhi;

(d) if not, the reasons therefor; and

(e) the measures taken/proposed to be taken to effectively control the above diseases?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) & (b): 13.05 lakh cases of TB were reported under the National TB Control Programme in the year 2005-06 which includes 1.07 lakh cases pertaining to West Bengal. A statement indicating the State- wise details of number of TB cases detected and put on treatment under the Programme during the year 2004-05 and 2005-06 is at Annexure-I. The increase in reporting of TB Cases in comparison to previous year is attributed to increase in access to RNTCP as well as good case detection rate due to improvement in the Programme management and the Programme becoming more popular.

The reported number of Malaria and Kala Azar cases reported in the country during the year 2005 and 2006 are as below :

Year	Malaria cases	Kala Azar Cases
2005	1.81 million	31217
2006	0.24 million Upto June	12245 Upto April

Since 1997, there has been steady decline in annual reported incidence of malaria cases from 2.66 million to 1.81 million in 2005. During 2006, upto June, 0.24 million cases have been reported.

The Kala Azar incidence has come down from 77,099 cases in 1992 (year of launch of Kala Azar Control Programme) to 31217 cases in 2005. However, during 2006 the recorded cases are 12245

(report upto April).

The state wise situation including West Bengal is enclosed at Annexure- II

(c) & (d) In endemic areas, the DDT spray is being carried out based on Annual Parasite Incidence (API) of malaria. The rural areas of West Bengal are covered under spray with DDT whereas Delhi is low endemic for malaria and due to poor acceptance in urban areas, DDT spray is not recommended.

(e) Revised National TB Control Programme (RNTCP) widely known as DOTS (Directly Observed Treatment Short Course) which is a WHO recommended strategy is being implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased

manner with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. By March 23, 2006, all the districts in the country are implementing RNTCP, allowing access of DOTS to all TB patients in the country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lakh population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis.

The following three pronged strategies are being

implemented for prevention and control of Malaria and Kala Azar

through primary health care system

1. Disease Management

Early case detection and complete treatment

Strengthening of referral services

Epidemic preparedness and rapid response

2. Integrated Vector Management (For Transmission Risk Reduction)

Indoor Residual Spraying in selected high risk areas

Use of Insecticide treated bed nets

Use of Larvivorous fish

Anti larval measures in urban areas including biolarvicides

Minor environmental engineering

3. Supporting Interventions:

Behaviour Change Communication

Public Private Partnership & Inter-sectoral convergence

Human Resource Development through capacity building

Operational research including studies on drug resistance and insecticide susceptibility

Monitoring and evaluation through periodic reviews/field visits and web based Management Information System